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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13652

1. Corporation Name

SEMINOLE CLUB OF POLK COUNTY, INC.

Principal Place of Business

%JAMES R MEYER
P O BOX 1071
BARTOW FL 33830

Mailing Address

%JAMES R MEYER
P O BOX 1071
BARTOW FL 33830



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/21/1986

4. FEI Number

59-2665019

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MEYER, JAMES R.
225 SOUTH CENTRAL AVENUE
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **BORIS, ELLEN D.**
STREET ADDRESS **1205 E GEORGIA ST**
CITY-ST-ZIP **BARTOW FL**

TITLE **S** ☒ DELETE
NAME **BENNETT, DEBBIE**
STREET ADDRESS **2417 AVENUE B S.W. #A**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **BD** ☐ DELETE
NAME **ROBERTS, JOHN JR.**
STREET ADDRESS **2010 OVERLOOK DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **BD** ☐ DELETE
NAME **MCASHAN, VAUGHN**
STREET ADDRESS **228 OVERLOOK DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **BD** ☐ DELETE
NAME **MCGLAMORY, TOM**
STREET ADDRESS **5950 IMPERIAL LAKES BLVD**
CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** ☒ DELETE
NAME **KNITT, DON**
STREET ADDRESS **2014 BARDMOOR CIRCLE SE**
CITY-ST-ZIP **WINTER HAVEN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)